2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N96000001920

Entity Name: THE FLORIDA ASSOCIATION OF SOUTHERN BAPTIST SCHOOLS, INC.

Current Principal Place of Business:

3300 NORTH TENTH AVE.
PALM SPRINGS, FL 33461

New Principal Place of Business:

Current Mailing Address:

3300 NORTH TENTH AVE.
PALM SPRINGS, FL 33461

New Mailing Address:

FEI Number: 65-0693520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, CAROL A DR.
3300 NORTH TENTH AVE.
PALM SPRINGS, FL 33461 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EVANS, CAROL A DR.
Address: 3300 NORTH TENTH AVE.
City-St-Zip: PALM SPRINGS, FL 33461

Title: SD ( ) Delete
Name: HYATT, CAROL
Address: 625 PARK AVE.
City-St-Zip: LAKE PARK, FL 33403

Title: D ( ) Delete
Name: DAVENPORT, JENNA COY
Address: 3300 TENTH AVE NORTH AVE
City-St-Zip: PALM SPRINGS, FL 3344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: DAVENPORT, JENNA COY
Address: 3300 TENTH AVE NORTH AVE
City-St-Zip: PALM SPRINGS, FL 33461

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. CAROL A. EVANS PD 04/29/2005

Electronic Signature of Signing Officer or Director — Date